



The New England College of

Optometry



Richard
Wallingford
'75, OD...
Takes Over the
Reins of AOA

ALUMNI MAGAZINE

2005

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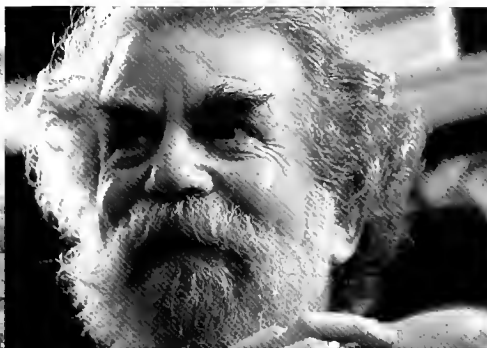
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The New England College of

Optometry

 ALUMNI MAGAZINE



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Richard Wallingford '75, OD, the new president of the American Optometric Association, discusses his love of whitewater rafting and plans for the profession's premier organization. Membership services, advocacy and long-range strategic planning top his agenda.

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Prof. Bruce Moore '75, OD, the nation's leading authority on pediatric optometry, talks about trends, the future, and his passion for the field. The outspoken author of "Eye Care for Infants and Young Children" also discusses a new vision screening program.

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The New England Eye Institute opens a fully-equipped vision center that is providing high quality eye care for children in a Framingham public school in collaboration with school officials, under the direction of Stacy Lyons '88, chief of pediatric services at NEEI.

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spring

2005



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strong and convincing case can be made that The New England College of Optometry is the national leader in the field of pediatric optometry. In this issue of *Optometry*, we talk to one of the leading experts in the field, visit with an alumnus who specializes in pediatric optometry, observe our students working with children, and look at two exciting programs the College is implementing in the public schools.

The unquestioned guru in the field is **Bruce Moore** '75, OD, Marcus Professor of Pediatric Studies and chair of the Department of Specialty and Advanced Care. He is the author of *Eye Care for Infants and Young Children*, the primary textbook in the field, and is leading a national effort to transform vision screening for young children.

Dr. Moore provides some candid insights about the field of pediatric optometry in a lengthy Q & A (page 6). In a related story, he explains the new eye screening program that will be rolled out next fall in Massachusetts and why the Titmus Vision Screener is about to become history (page 11).

letter from the editor

One of the largest pediatric optometry practices in New England is Eye Care Associates of Fairfield, CT, which is headed by Carl F. Gruning '66, OD. The focus of his practice is vision therapy. "We're not just improving the quality of their sight," he says, "we're impacting the quality of their lives" (page 18).

In a creative initiative to provide vision care for hundreds of children and treat potential vision problems at an early stage, a fully equipped vision center has been established within a public school in Framingham, MA, by the New England Eye Institute (NEEI), the College's clinical teaching affiliate (page 14).

Prof. Moore is not the only member of the Class of '75 who is making news. **Richard Wallingford** '75, OD, is the incoming president of the American Optometric Association. This adventurous Maine optometrist, provides some insights into his priorities for the largest and most prestigious organization in the world of optometry and talks about some of his other passions (page 4).

There's plenty more inside. Sit down, have a cup of coffee and enjoy.

Barry Wanger
Editor
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Congratulations

Scholarships Awarded



The College honored 33 students at a recent, annual scholarship and award ceremony. The program recognizes outstanding students with scholarships and prizes established at the College by alumni, friends, foundations and corporations. This year's program included two new awards: the **Wallace Molinari Scholarship** and the **Wal-Mart/Sam's Optical Scholarship**.

Alumni Scholarship

Simi Bhardwaj
Julie Blacksmith
Tammy Gray
Catherine Johnson
Jazmin Logendra
Ioanis Panagiotopoulos
Hung Thai
Laura Vasilakos

Beider Moral Obligation Scholarship

Megan Clausen
Nyssa Connell
Tammy Gray
Jeffrey Kenyon
Lauren LaPaglia
Elizabeth Leathers
Laura Martin
Jasvinder Pabla

Foster Namias Scholarship

Tammy Gray
Elizabeth Leathers
Bryan Murphy
Maria Pitcher

Monthe N. Kofos Scholarship

Kierstyn Napier
Melissa Thurber

Dr. John Carter Scholarship

Yaakov Zacks

Otto Hochstadt Scholarship

Courtney Case

Emanuel S. Glasser Scholarship

Emily Kachinsky

Israel and Sylvia Grossman Scholarship
Sarah Hetu

Edith and Erich Heymans Scholarship
Jeffrey Kenyon

Wallace F. Molinari Scholarship
Regan Marquis

Harry and Sara Pildes Scholarship
Meng Lee

Stacy F. Pinsker and Rosemore Family
Foundation Scholarship
Julie Blacksmith
Jennifer Stewart
Garnet Yokoi

Klein Family Scholarship
Michael Buckley

Jean M. Lank Scholarship
Sandra Payton

The Rose & Warren Guilford, Dr. Arnelde
Levine & Dr. Janet Mechanic OD1 Award
Grace Lytle

AOA Student Leadership Award
Hung Thai

Vistakon Acuvue Eye Health Advisor
Student Scholarship
Crystal Klaahsen

Wal-Mart/Sam's Optical Scholarship
Joel Tuite

HOA Grant Awarded

Christopher Clark '05 has been named one of the prestigious student grant winners at the Heart of American (HOA) Congress. The award includes a \$2,000 scholarship.

AOA
President-Elect

Richard Wallingford

BY DIANE DAVIS



When Richard Wallingford '75, OD, assumes the presidency of the American Optometry Association (AOA) in June, no one will doubt his ability and willingness to confront the challenges of leading the largest professional organization in the field.

The Maine optometrist has sought and conquered a number of challenges during a professional and outdoors career that has ranged from skydiving and whitewater rafting to serving as clinical director of a large inter-professional practice.

When he isn't serving on the Board of Trustees of The New England College of Optometry, preparing for the presidency, or working with patients, you can probably find him leading a group down the Penobscot River in his role as a licensed Maine Guide.

"The Penobscot is the most turbulent white water you can find," says Dr. Wallingford, happily describing the class five white water river. "More than once we have all ended up in the drink or in the hospital with various arm and shoulder injuries."

But what's a bruise or two — let alone the challenge of heading the AOA — for a man who has gone through two coronary stent procedures and is now being treated for multiple myeloma, or blood cancer, at the Arkansas Cancer Research Center.

Dr. Wallingford's energies — and he has more than most 54-year-old men — are now focused on what he sees as the greatest professional role in his life.

To set priorities and review objectives for his incoming administration, he has held AOA Board planning sessions at a meeting site along the granite coast of Maine. "Our board and officers today work more as a group, a little like a well-planned relay team. Planning for my administration is a cooperative effort," he explained.

While hesitant to discuss his priorities for the AOA before officially taking office at the annual meeting in Dallas, Dr. Wallingford, the first New Englander to head the association in more than two decades, made clear membership services and long range strategic planning, and advocacy are high on his list.

He said he plans to take a "back to the future" approach in reviewing and improving benefits to both individual members and state societies, an increasing challenge as membership is on the rise.



Dr. Wallingford said expanding on-line continuing education courses and encouraging more state societies to approve course credits is one benefit he believes is of particular importance, especially to younger members.

On the strategic planning front, he said he would work with the Board in crafting Summit 2020, a longrange plan to “project where we are going as a profession over the next 10 to 20 years.”

Dr. Wallingford has been preparing for the role of AOA president throughout his lifelong commitment of service to the profession. He became president of the Maine

Optometric Assn. in 1982, just seven years after graduation, and was appointed by Governor John McKernan to the Maine Board of Optometry, where he served from 1989 to 1999.

He is the first Maine optometrist to serve on the AOA national board and he was Maine's nominee for both the National and New England Optometrist of the Year awards.

In addition to his many AOA activities, Dr. Wallingford has been a member of the Board of Trustees of NECO since 1997. He also recently accepted a position on the governing board of the World Council of Optometry.

He says one of his proudest achievements was establishing the AOA Student Debt Program for consolidating educational loans at a low rate, an effort he chaired in 2002. The program is designed to be extremely competitive and has proved to be highly popular.

Dr. Wallingford is the Director of Clinical Services at Vision Care of Maine and is particularly involved with the laser vision correction team.

He is a lifelong resident of Maine and graduated from the University of Maine at Orono with a BS in Biology in 1971. From there he enrolled in The New England College of Optometry and opened his first optometry practice in Lincoln, ME shortly after graduation in 1975.

Dr. Wallingford and his family own and manage a set of sporting camps known as Mt. Kineo Cabins, on Moosehead Lake in Rockwood. Always anxious to enjoy the outdoors in Maine, Dr. Wallingford is also an avid fly fisherman and a member of the National Ski Patrol, volunteering his time at Big Squaw Mountain in Greenville, ME.

With his wife Elaine, also from Maine, Dr. Wallingford has three children. Son Chip is a family physician and psychiatrist, daughter Denise is a special education teacher working with autistic children, and second daughter Tiffany is a biology graduate student at Cal-Poly in California. ◀



Bruce Moore, '75, OD, Marcus Professor of Pediatric Studies and the chair of the Department of Specialty and Advanced Care, is nationally recognized as an outspoken and leading expert in pediatric eye care. He is the author of *Eye Care for Infants and Young Children*, the primary textbook in the field; served as the first staff optometrist at Boston's Children's Hospital Medical Center where he worked for 22 years; and is the lead investigator at the college's Clinical Center of the Vision in Preschooler's Study (VIP), which is transforming vision screening for young children in Massachusetts and nationwide.

leading the WAY in pediatric eye care

BY VICKI RITTERBAND



We recently sat down with Dr. Moore in his office at the college to talk about pediatric optometry. In a wide ranging interview, he talked about trends, the future, and his passion for the field.

Why did you decide to pursue pediatric optometry as a specialty?

It was not my original intention. In my last clinical rotation, I was at Dimock Community Health Center in Roxbury. Jerry Selvin, who was the preceptor there, totally turned me on to community healthcare. After graduation, I talked my way into a job at Martha Eliot Health Center in Jamaica Plain. Unbeknownst to me, Martha Eliot was part of Children's Hospital. I quickly recognized that if the clinic was owned and operated by Children's Hospital, I had to become adept at caring for kids, in order to survive.

What did you do at Children's Hospital?

I specialized in the treatment of congenital cataracts and developed a technique of fitting contact lenses for infants. I spent a good chunk of my time putting contact lenses in babies' eyes and then picking their mothers up off the floor after they saw what they were going to have to do on a daily basis.

We were among the first centers nationwide to treat congenital cataracts in very young babies. Before the effects of early visual deprivation were understood, people were waiting until these kids were about a year old to remove the cataracts. By then it was too late. We effectively invented the process of fitting contact lenses to infants. It was totally chutzpah. You should have seen me in the operating room. I had no idea what to do, what to touch.

Many people would think that Children's would be one of the top rungs of the career ladder for a pediatric optometrist. Furthermore, you were the first person to be given a clinical appointment at Harvard Medical School with only an optometry degree. Why would you give all that up?

Even in a hyper-intense, specialized place like Children's, I became convinced that you have to recreate yourself periodically. Also, I was teaching ophthalmologists about pediatrics, and not people in my own profession. I felt I had something to contribute to my own profession.

"It quickly became apparent that if I was going to take care of 20,000 kids... screening was essential."

Dr. Bruce Moore



I had become very involved in eye screening for children, as a result of being handed the responsibility of figuring out how to provide eye care to the 20,000 children who received primary care through one of Children's clinics. It quickly became apparent that if I was going to take care of 20,000 kids, screening was essential.

You are one of the principal investigators in the National Eye Institute's and National Institutes of Health's Vision in Preschoolers (VIP) study, a national, multi-site study of screening methods used for preschoolers. How did you get involved in this and what's the purpose of the study?

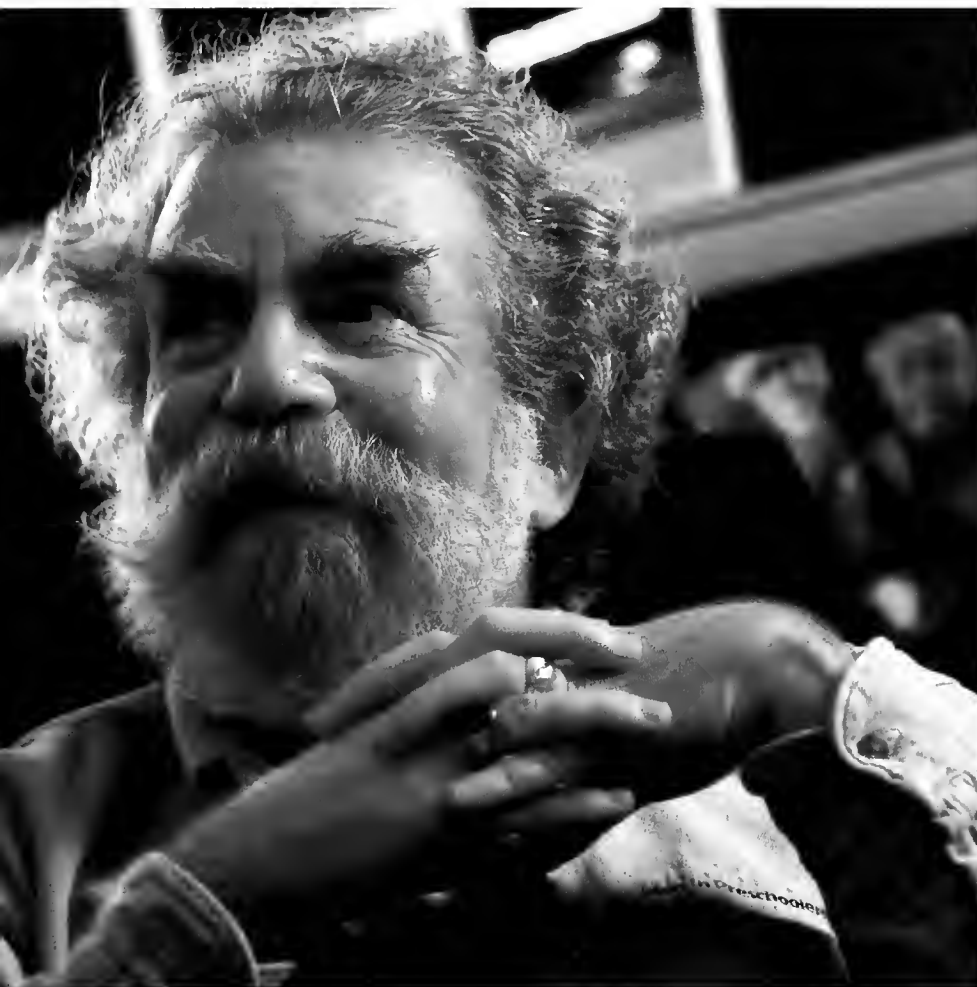
In 1994, a group of us interested in screening sat down together at the Summer Research Institute sponsored by the American Academy of Optometry and the American Optometric

Association. We had become convinced that the screening system nationwide was broken. We had tons of questions and very few answers about what screening was or should be.

We began by doing a literature review on everything that had been written in English about vision screening. We found thousands of articles and only a tiny percentage that were worth the paper they were printed on. Most were unscientific, badly designed and often funded by manufacturers with a point to prove. The overall goal of the VIP study is to come up with the right tests done the right way by the right people.

In Phase I, optometrists and ophthalmologists administered different screening tests in the VIP van to preschoolers in Head Start programs. A week later, gold standard exams — highly comprehensive eye exams — were done by eye doctors who were masked to the results of the screenings to see if the screenings identified the problems that were found by the exams. Nobody had ever linked the two — something as simple as that.

Phase II looked at a combination of nurses and lay screeners doing the exam in Head Start classrooms... effectively under combat conditions by people who in real life are doing the tests. Because the study results haven't been published yet, I can't say much about the results. I can tell you the premise is this: I, a white optometrist, goes into a Vietnamese community in Dorchester to screen a 3-year-old Vietnamese girl who speaks no English. That kid takes one look at me. I am her worst nightmare. My ability to communicate with her is zilch. Compare my ability — with all of my skills and talents and experience — with that of a Vietnamese mom who has been trained on a couple of tests. The kid is not fearful of this mom and she can communicate with her. Who's going to get more information out of that kid?



leading the WAY

exams vs. screenings has rekindled a lot of interest in pediatrics.

Finally, professional organizations like the American Optometric Association have embraced the care of kids as a primary goal of optometry.

But we're not ready to open the floodgates yet. One of the profession's greatest challenges is that nationwide, optometry schools are not preparing their students adequately in the treatment of children. We need to expand the didactic and clinical opportunities at every one of our schools of optometry.

VIP has provided me with the scientific basis for my work revamping the school screening program in Massachusetts (*see Improving Vision Screening sidebar on page 11*).

What major trends have you witnessed in recent years in pediatric optometry?

When I was student, pediatrics were fundamental to training optometry students. Then ocular disease happened and drugs happened. There was a whole paradigm shift within the profession from viewing pediatric optometry as being central and important to becoming something unimportant and peripheral. As a result, the didactic programs in pediatrics were decreased significantly and there was close to a meltdown of the clinical programs.

There's been some movement back in the other direction as we've realized the dire consequences of visual deprivation in infancy. Also the resurgence of interest in comprehensive

Isn't the New England College of Optometry an exception?

Absolutely. When I returned in 1997, there were three pediatric faculty. As of July 1, with any luck, there will be nine of us, plus two residents. When I got here, four students a quarter, out of a class of 100, did a pediatric clinical rotation in the fourth year. As of next year, 100% of our students will get an intensive three-month clinical experience in the specialty care areas of pediatrics, geriatrics and low vision. Out of all my accomplishments, that's the one I'm proudest of.

These specialty areas are a fundamental part of a clinical practice in optometry. When you're practicing in the future, you cannot predict who will walk into your exam room 10 minutes later. It might be a child, it might be an elderly person. If you're only trained in certain areas of optometry, your ability to care for your patients is impaired.

"In pediatric optometry, you can improve your patients' ability to live their lives... over the next 80 years."

Dr. Bruce Moore



Will the renewed interest in pediatric optometry result in more advances in the treatment of pediatric vision problems?

Yes. Within optometry, there has been more funded research in pediatric optometry than there has been in any other area of optometry, largely because people like me have worked very closely with pediatric ophthalmologists. There have been a whole variety of studies that have been dramatic and amazing.

I believe that over the next 10, 20 or 30 years, optometrists will be able to do refractive engineering. Because of our ability

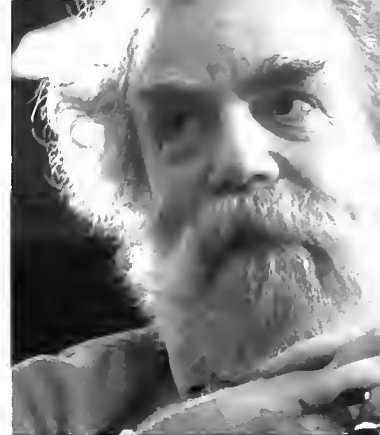
to see young children, we are going to be able to identify trends in the development of refractive errors in both individuals and populations at an early stage and develop interventional techniques that will affect the way refractive error develops. We're going to find a variety of mechanisms that will allow us to channel the development of refractive error in the way that we want. We already have animal models now for how to go about doing some of that. We'll eventually be able to make refractive surgery redundant. This will end up being just about the most exciting thing to happen in optometry.

Why is pediatric optometry such a fulfilling field for you?

I love children. They're fresh, they say whatever is on their mind. In terms of optometry, what I like about working with kids is that I can cure them. There aren't many areas of optometry where you cure patients. In pediatric optometry, you can improve your patients' ability to live their lives over the next 80 years. In contrast, when you work at the VA hospital, sometimes the best you can usually do is forestall severe vision loss.

For those of us in position to do so, our greatest responsibility is to make sure we take care of those who are weakest, most prone to falling by the wayside. That's what a just society does. <...

improving VISION screening



While the correlation between good vision and a child's ability to succeed in school is well-documented, vision screening programs for children in some states are more than 50 years old and are not considered particularly accurate by optometrists.

That is about to change.

A model screening program to be launched this fall in Massachusetts, after nearly a decade of research and lobbying is expected to transform the current system and have a significant impact on the early detection and treatment of eye problems.

The new screening system will be more accurate, less expensive, easier to administer, and, most importantly, will more accurately identify amblyopia, the most prevalent childhood vision problem, according to Bruce Moore '75, OD, Marcus Professor of Pediatric Studies.

The changes have been a long time in coming. About 10 years ago, Dr. Moore and a group of like-minded people, including his colleague, Jean Ramsey, MD, a Boston Medical Center pediatric ophthalmologist, set out to change a system they believed was failing kids.

"We knew the program was broken, so we began talking to the Department of Public Health and the Department of Education who also knew the system was broken," recalled Dr. Moore. With a mandate from the state, the activists formed a committee to develop a solution.

As part of their research, Moore and his colleagues began visiting schools to witness screenings first-hand. What they saw in school after school was an aging, clunky piece of equipment, the Titmus Vision Screener, serving as the centerpiece of the screening programs.

The Titmus Vision Screener

"The Titmus Vision Screener was a classic example of a manufacturer building a gadget, then selling it without any proof of its validity or reliability — or assessment of its efficacy," said Dr. Moore.

"We found some that literally were 50 years old, and hadn't been calibrated, or for that matter cleaned, during that time. The kids would stick their head in the machine but the instruments were so banged up and dirty, they couldn't possibly see the images."

Furthermore, while the machines were comparatively better at identifying myopia in older children, they were ineffective at spotting amblyopia. "We now understand that increasing levels of myopia are highly correlated with the ability to do well in school," said Dr. Moore. "So we had a screening program that was designed to identify those children most likely to do well in school — not the ones who needed help."



The Pilot

In 1997, the group piloted two simple, proven and inexpensive screening tests: the MassVAT (Massachusetts Vision Acuity Test) HOTV cards and the Random Dot E test. These screening tools had been identified as highly efficacious by the Vision in Preschoolers study, an ongoing multi-million dollar national study of which Dr. Moore is a principal investigator. The test results were overwhelming: the screenings were faster, more effective and much easier for the school nurses to perform than ones using the Titmus Vision Screener. The scientific basis of a new state screening program was clinched.

The group's next goal was to strengthen the screening law on the books — one that would, for the first time, mandate pre-school vision screening. Drs. Moore and Ramsey spent several years lobbying the legislature together, winning passage last summer of a law requiring all children to provide proof of passing a vision screening before entering kindergarten, or evidence of follow-up care if they failed the screening. Dr. Moore estimates that currently only about 25 percent of Massachusetts children receive vision screenings or eye exams before entering school.

Dr. Moore said the impact of the mandatory pre-school screenings and the revamped screening system will be significant on many levels. "In many cases, vision problems can have a dramatic effect on a child's educational performance," said Dr. Moore.

"We're going to prevent some kids with serious vision problems from getting into the special education system inappropriately because they didn't have their vision problems taken care of at the right time. We will save cities and towns significant amounts of money, far more than the cost of instituting the system we're talking about."

Training the Trainers

With the help of a modest grant from the Department of Public Health, Drs. Moore and Ramsey are now spearheading the implementation of the new vision screening program, with a statewide rollout target date of September 2005. It will be a monumental task of educating healthcare providers, school personnel, and other laypeople in the critical importance of screening — especially pre-school screening — and providing them with the tools and knowledge to carry it out.

At this point, it is not known how quickly schools will switch to the new screening system or how many pre-schoolers will be able to meet the new state mandate. Drs. Moore and Ramsey believe it will take several years of education and advocacy to make a significant statewide impact on vision screening.

"The problem is that people understand on an intellectual level that vision is really important and losing both your eyes is a very bad thing," he said. "But people don't really understand what it means in terms of education, in terms of children's healthcare in general and wellbeing... Jean and I obviously can't train thousands of people ourselves. My intention is to utilize the resources of the college, and particularly our students."

Dr. Moore says that he and Dr. Ramsey envision the pre-school screenings being carried out both in pediatricians' offices (studies say only 20 percent of pediatric offices nationwide currently do screenings) as well as in pre-schools. They have begun talking with the Massachusetts Office of Child Care Services and pediatric groups like the Massachusetts Chapter of the American Academy of Pediatrics. Moore believes that lay screeners from organizations like the Lion's Club will be critical to making the new screening program work.

The pair also plans to develop training materials — including videos — and make them available on the Internet. Dr. Moore sees this as a lifelong project. "This is what I'm going to be doing until I stop working," said the 54-year-old optometrist. "This needs to be revamped continuously. It needs to use cutting-edge knowledge and technology. If these aren't incorporated on a continual basis, the system will fail." <--

By Vicki Ritterband

Pediatric Outreach



New England College of Optometry students are on the front lines when it comes to supporting the College's national leadership initiatives in the field of pediatric optometry.

Starting in their first year, students participate in the New England Eye Institute's (NEEI) Pediatric Outreach Service, providing vision care for children in underserved communities in neighborhoods throughout greater Boston.

As the College's prime teaching affiliate, NEEI collaborates with 12 community health centers, two academic medical centers, more than 30 different school systems and many Head Start programs in caring for children.

"It's a win-win situation," says Nicole Quinn '01, OD, assistant professor of optometry, who precepts students in the program. "Students get to improve upon their clinical skills while programs like Head Start receive extensive pediatric vision care for their children."

For first year students with limited clinical experience, finding oneself face to face with a fidgety four year old poses a unique challenge. "Kids can't tell you what the problem is," Dr. Quinn points out. "Our students have to use their clinical skills to find out what the problem is."

Unlike dealing with adults, with disease or work-related problems, the issues with children are different. "You're dealing with having them see well enough to perform in school," says Dr. Quinn. "It's a different set of interdisciplinary health care skills. You need to spend more time with them to see what makes them tick so that you can understand their needs before testing them."

Kimberley Chan '05, a fourth year student, has supervised a group of students this year. "As a first year, it's an early exposure to patients," she notes. "It is scary for many of them."

But, she continues, with experience the students become more comfortable. "You get a gauge of how to read a child's behavior and get objective findings during an exam," Chan explains. "I saw a lot of change with the students. Their fear was greatly diminished. You can see the development of skills. They are more engaged as they can do more."

Dr. Quinn also staffs the NEEI contracted program with the Pediatric Ophthalmology clinics at Boston Medical Center and New England Medical Center. At these NEEI affiliates,

she precepts third and fourth year optometry students who provide comprehensive eye care, including eye examinations, contact lens and vision therapy services.

Dr. Mitchell Strominger, the director of pediatric ophthalmology at the Floating Hospital of Tufts New England Medical Center, has had a number of New England College of Optometry students working in his clinic and knows the importance of clinical experience.

"You can be the greatest doctor in the world but that is not enough," he says. "You have to be able to talk to parents, discuss the problem with them, and explain how you are going to fix it."

Dr. Jean Ramsey, the director of pediatric ophthalmology at Boston University Eye Associates at Boston Medical Center, reports there has been a practical benefit of having students work in her clinic.

"It's improved access," she notes. "We're able to see patients in a timely fashion. A lot of kids would not have been able to be seen without the support of the New England College of Optometry's students."

Before the collaboration began between Boston Medical Center and the New England Eye Institute, pediatric patients were waiting up to three months for an appointment. Now, most can receive eye care within two to three weeks.

"These interdisciplinary collaborations between eye care professionals enable high quality eye care to be provided in an efficient many," says Quinn. "The optometry students participate as an integral part of the child's health care team, allowing them to improve their communication skills and ability to network with other members of the health care community."

Whether performing complete eye examinations or helping to screen a young patient, students gain more than just experience through working with pediatric patients. "When you're working with kids, it's so rewarding," notes Chan, the fourth year student. "You can see how much of a difference you can make." ◀

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BY DIANE DAVIS

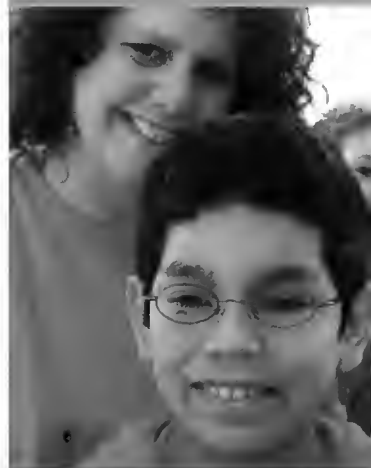
BRINGING EYE CARE TO THE PUBLIC SCHOOLS





working in the
community

The 12-year-old girl with curly brown hair is a little nervous as she sits in the chair, waiting for her first comprehensive eye exam to begin. The scene isn't much different than most vision examinations except for the fact that this exam is taking place in a public school in Framingham, Massachusetts.



NEW ENGLAND
EYE
INSTITUTE



An Innovative Program

In a creative initiative to provide vision care for hundreds of underserved children and identify and treat potential vision problems at an early stage, the New England Eye Institute (NEEI) has teamed up with the Framingham, MA public school system to place and staff a fully equipped vision care center within a public school.

The Framingham Public School Vision Center — the only one in a public school in Massachusetts and one of only three in the nation — opened this past September to serve the needs of many students.

This leading edge facility, which includes two fully equipped examination rooms, is under the direction of Stacy Lyons '88, associate professor of optometry, and Chief of Pediatric Services for NEEI.

Collaborating for Healthy Vision

In a recent Monday, Dr. Lyons was at the new clinic at the Fuller Middle School in Framingham from 8:30 a.m. to 5 p.m., examining as many as a dozen elementary school

students, meeting with parents, and conferring with other school system professionals.

Three of the College's fourth year interns who are completing their three-month requirements for "special population rotation" staff the center. They conduct vision examinations under Dr. Lyon's careful supervision.

She calls Framingham an ideal site for the center since the town of 60,000 residents in the suburbs west of Boston has experienced an increase in its immigrant population, and faces acculturation issues, particularly in the areas of social services and health care.

The program has generated strong support from school and health officials. "What struck us about this proposal was the innovative, holistic approach," said Marty Cohen, President and CEO of the MetroWest Community Health Care Foundation. "Good vision is an integral part of learning, and general well-being, and we're pleased that these funds will offer assistance to those children and families who need it."

Juan Rodriquez, principal of Fuller Middle School, he sees the Vision Center "as yet another chance to help students to address something that may be obstructing their access to the best education."



What makes this center so important is that, as eye care specialists, we can collaborate with all the other professionals in the school system who interact with the children on a daily basis.

DR. STACY LYONS

Healthy Vision and Learning

Since opening the Framingham center, we have seen a number of children with vision related learning problems,” Dr. Lyons says. “What makes this center so important is that, as eye care specialists, we can collaborate with all the other professionals in the school system who interact with the children on a daily basis. This collaboration leads to a realistic and effective approach to putting a child on track in order to optimize his or her maximum learning potential.”

“Many of the children we see experience barriers to access for vision care, due to economic, cultural or family issues. The school is a safe place for both child and parents, and families are more likely to take advantage of this access to professional care.”

If a visual problem is identified in the required school screenings, the family receives information explaining that a full examination is needed for their child and that an exam at the Vision Center is an option to consider. After a diagnosis is reached, appropriate management treatment is initiated. If Vision Therapy is the treatment of choice, it is managed on site.

Local Support

NEEI has also helped to address economic issues, applying for and receiving a grant for the Vision Center from the MetroWest Community Health Care Foundation to cover the cost of glasses. The local Lenscrafters has also been generous in donating children’s eyewear.

Area optometrists have expressed enthusiasm for the program and, in fact, have been supportive as they realize these students would be unable, in most cases, to afford the services of a professional optometrist.

John Abbondanza, ’88, OD, a classmate of Dr. Lyons, who practiced in Framingham for 16 years before moving to nearby Southborough said he welcomes and supports the clinic at Fuller.

“The longer I treat children, the more I see how vision and learning are connected. Many children have undiagnosed vision related learning problems and slip through the cracks of the current screenings. Bright children who struggle in school need more than a simple screening. Vision therapy, like that provided by the Fuller Clinic, is the single most underutilized service in health care.” ◀



Success

Vision therapy is “like physical therapy for the eyes... it’s a very rewarding practice, pretty powerful stuff...”

Using Vision Therapy

BY PATRICIA GALE

Gianna's mother thought her child had a learning disability. Educators said she had a high IQ, but had developmental problems.

Matt was in the fifth grade and a C-D student, when his parents realized that he could not comprehend what he was reading. They were told he would need special education services for the rest of his school life.

Abriana and Alexandra came from an athletic family, but lost all interest in physical activity when a seeming lack of coordination put a negative spin on sports.

Coordination, balance, timing, and self esteem are problems that Carl E. Gruning '66, OD, FCOVD, FAAO, sees every day in the Southport, CT, office of Eye Care Associates of Fairfield, PC. Bright students decide they don't like to read. School becomes an ordeal.

But Dr. Gruning sees those problems dissipate when his young patients take part in vision therapy. "It's like physical therapy for the eyes," he explains as a five-year old patient follows the rotation of a slowly spinning disc and precisely plugs colored pegs into holes in its surface. Nearby, a teenager pokes at



red lights on a wall-mounted board, improving his peripheral vision in an exercise that could be mistaken for a game, complete with a scoreboard.

Vision Therapy and Kids

Kids comprise the majority of Dr. Gruning's patients, to the tune of 30 or 40 a day, arriving individually or in groups for therapy sessions. And the "success stories" posted on the office wall tell tales of youngsters and adults whose lives have literally turned around through vision therapy.

Vision therapy, he admits, is not a "hot" field among optometrists, and a pediatric rotation is not a top choice

among optometry students. A quick mental tour of New England resulted in a count of perhaps a dozen doctors working in the vision therapy field to the extent Dr. Gruning does. Yet, he said, it's a "very rewarding" practice. "It's pretty powerful stuff," he says of the testimonials posted on his "success board."

The young patients keep him on his toes, as he tries to draw out from children — some of them too young to know what various letters and shapes are supposed to look like — what they are seeing, and how it differs from what



they should be seeing. To keep them working at the therapy he knows will help them, he has to make their work feel like fun. It can be a challenge. But he loves it.

Important Work

Dr. Gruning has spent the past three decades working in vision therapy, pediatrics and rehabilitative optometry. He is a clinical professor at the State University of New York's College of Optometry where he's taught since 1971, holds adjunct faculty status at NECO, Southern College of Optometry, Pennsylvania College of Optometry and Indiana University School of Optometry. And in May 2000, he was elected to the NECO Board of Trustees.

Yet, he says, not enough students are learning about vision therapy. Not enough professors are encouraging students to do rotations at vision therapy facilities and "far too few rotations are available for NECO students." Not enough doctors — or optometry students — are interested in working

with children on a daily basis, he says. And not enough of his colleagues are referring patients for the therapy that could literally change their lives.

"If you look at continuing education (for optometrists), the vast majority of the courses are in ocular disease — 'drugs and bugs.' They're about the favorite drugs for red eye, or about glaucoma," he says. "I treat glaucoma. I prescribe drugs. I do all that stuff, and I like my interns to see all that as part of their education and rotation.

"Real" Doctors

"But I think there is a feeling in optometric education that instead of just being refractionists, which optometrists were for years, doing eyeglasses, that now we're 'real' doctors" and the curriculum has become pathology-driven, he says. "We are 'real doctors,' and we should be. We have the education. Down the road, there will probably be a push for doing minor surgery, and then major surgery" by optometrists.

But in that push, he says, optometrists often overlook — or simply do not see

— problems that can be treated with vision therapy. In taking case histories from patients of all ages, he notes, most doctors may ask patients, "Are you seeing OK? Is your health good? Do you think your glasses need changing? There's nothing about performance, nothing about headaches when you read, or difficulties in parking the car, staying on task, shifting focus from your computer screen out the window."

Critical Questions

Yet those questions will often bring out the root causes of a host of problems patients are experiencing. Those questions can lead to a diagnosis, for example, of convergence insufficiency, a muscle imbalance that lends itself to treatment, with excellent results.

"Take Michael, an eighth-grader," Dr. Gruning says. "When he was referred by a pediatric ophthalmologist, his near point of convergence was 32 inches. Anything within that, he would see double — so he had to read with one eye covered, or with head rotation."

It's the world's best kept secret... we need to make vision therapy visible, to inform the public.



Vision therapy resolved the problem. Some patients, he noted, can converge, but can't sustain that convergence for more than a page or two without getting headaches, blurring or doubling. And the most common adaptation that they make — children and adults alike — is avoidance. They don't read.

With that in mind, he says, parents, educators and eye care professionals can often uncover problems with simple observations and questions. The most obvious: Is your child struggling? "The prognosis (for overcoming the problems) is excellent with vision therapy" for patients of all ages. While Dr. Gruning's practice is concentrated in the pediatric arena, he has worked with patients from pre-schoolers to octogenarians. "I had a patient in his 70s who couldn't read more than a page or two. After six sessions, he didn't need the therapy any more and could comfortably sustain on near visual tasks."

Interestingly, such vision problems are increasing even among the older population, as people of every generation spend more time in front of computer screens. Placing a newspaper clipping on the table, he points to a photograph

of people at a senior center who are learning about the Internet. All are leaning forward, their necks at awkward angles, as they try to focus on the computer screen. "It's not just kids. People are in front of computers all day," he says.

Success Story

On a dreary Friday afternoon, Janet Amione sat in an observation room, watching through a one-way mirror as her daughter went through the paces of her therapy. "Three months have made a big difference," Mrs. Amione notes as the 10-year-old walks a balance beam while concentrating on a ball suspended from the ceiling. "She complained of headaches, and, of course, I never believed her. Finally, I took her in for an eye exam and the optometrist picked up on the convergence problem and referred her to Dr. Gruning.

"She's an enthusiastic reader now," the mother says with pride. "She was frustrated for so long. But I'm thrilled that it was caught before she got into middle school and high school."

One hurdle faced by children, and their parents, is that such problems are not caught in traditional vision screening. Young students may exhibit "perfect eyesight" — yet have impaired vision. Even students who demonstrate 20/20 eyesight in school screenings may demonstrate underachievement in the classroom as the result of undetected vision problems. And many students who are diagnosed with Attention Deficient Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) are, in fact, suffering from vision problems.

Dr. Gruning predicts that until physicians and educators tune in to those possibilities and begin referring patients for therapy, students will continue to struggle needlessly. "It's taken me three decades of practice to build a referral source of about three dozen optometrists," he says. "About a dozen of them refer regularly, the others, maybe one or two (patients) a year, because most of them just see pathologies, or do eyeglasses, but also are not aware of what to look for."



Numerous resources exist for optometrists interested in learning more about vision therapy...

- The American Optometric Association (AOA) offers several courses in vision therapy and related issues, as does the Optometric Extension Program. Courses are also offered at the College of Optometrists in Vision Development (COVD) conference; the 2005 conference will be held in Orlando in early November.
- These organizations also offer a host of resources that can be accessed through their websites. They include www.covd.org, www.vision.net, and www.aopt.org.
- Dr. Gruning also encourages optometrists to become involved with InfantSEE, the AOA's charitable infants' vision program. Through InfantSEE, the AOA members are performing one-time eye assessments at no cost for infants 12 months old and younger, and educating parents about the importance of such assessments throughout childhood. For more information on getting involved with this public health program, visit www.aopt.org.

Making Vision Therapy Visible

At the same time, more optometry school students must be encouraged to do rotations in vision therapy. "It's the world's best kept secret," he says. "We need to make vision therapy visible, to inform the public" — and expand the number of practitioners in the field.

"NECO has a course in vision therapy," but such courses are few and far between. Most students do their rotations at VA hospitals or clinics that focus on other issues. "The (optometry college) students don't get much exposure to vision therapy. I try to get the message across, to promote (vision therapy) rotations all over the country... but it's a matter of priorities," he says. "Some courses are given, but then the students don't get enough clinical exposure."

When he does bring students into his practice for rotations, Dr. Gruning said he can tell pretty quickly which ones are comfortable working with children, and which aren't. Some, he admits, can't wait to move on to other fields. But others become hooked, and maybe, just maybe, a seed is planted for a future pediatric optometrist.

Alan Love, a fourth-year student at NECO, is one future doctor who took advantage of Dr. Gruning's rotation offer. He has done rotations at a Veterans' Administration hospital and at a community health center, and is in the midst of a rotation at Eye Care Associates of Fairfield. "It's a challenge," he admits, "because kids have different needs. But it's excellent exposure to vision therapy, and to finding strategies for fixing problems." He's hoping to do a pediatric residency, then weigh his options.

Love has had only one course that dealt with vision therapy, "not enough

time to really absorb the issues."

More exposure earlier on in the curriculum might increase interest among students, he suggests. While he's not sure what role vision therapy might play in his eventual practice, he says, "an experience like this can only make me a better doctor."

Challenges and Rewards

One of the challenges, he notes, is simply understanding the problems with which the young patients are struggling. "These kids don't know what's normal, so they don't really even know if they have a problem. We have to figure out what's going on."

And that's just what Dr. Gruning is doing, every day. "My biggest reward," he says, "is hearing the parents, and seeing the success stories" when children's lives are turned around. "We're not just improving the quality of their sight, we're impacting the quality of their lives." ◀

FACULTY PROMOTIONS

Joanne Caruso, an adjunct faculty member, has been promoted to the rank of Associate Professor. Dr. Caruso works as a teaching clinician at the East Boston Neighborhood Health Center. She has also been instrumental in the College's Center for the International Advancement of Optometry (CIAO) since its inception, particularly in developing programs in Italy, France and Germany.

FACULTY APPOINTMENTS

Recent AOA Appointments

Dr. Wallingford has appointed seven members of the NECO community to serve his new administration in various capacities:

- Dr. Lee Ball, Healthy Eyes Healthy People Committee;
- Dr. Barry Barresi, liaison to the Federal Relations Committee, Healthy Eyes Health People Committee;
- Dr. Aurora Denial, faculty liaison to the AOA
- Dr. David Heath, Clinical Care Coordinating Committee (Chair), Clinical Care Executive Committee.
- Dr. Elizabeth Hoppe, Information and Data Committee
- President Alan Lewis, Commission on Ophthalmic Standards
- Dr. Roger Wilson, Health Eyes Healthy People Committee (Chair), and Advocacy Group Executive Committee.

Dr. Heath was also named to the Nominating Committee by the Massachusetts Society of Optometrists.

Dr. Hoppe Appointed as Editor of the Journal "Optometric Education"

Dr. Elizabeth Hoppe, associate dean for academic affairs, has been appointed as the new Editor of the journal Optometric Education by the Association of the Schools and College's of Optometry.

Optometric Education is the profession's only journal dedicated to the advancement of optometric education. As Editor of Optometric Education, Dr. Hoppe will not only guide the content of the journal, but will be a national spokesperson for educational issues affecting the profession. This appointment will make Dr. Hoppe the third representative from the College to serve ASCO as Editor, joining Dr. David Heath ('87-'91) and Dr. Roger Wilson ('98-'02).

Kate Nitterauer, Academic Programs Coordinator

Kate Nitterauer has accepted the position of Academic Programs Coordinator. The Academic Program Coordinator is a member of the educational program management team within the Office of Academic Affairs. Kate comes to the College with a Masters in Education from Providence College and a B.A. in Psychology and English. She has six years of experience in higher education and was most recently held the position of Advisor for Academic Enrichment at Wheaton College.

FACULTY CHANGE

Dr. Susan Haesaert is transitioning into a full-time position with the VA system. Dr. Haesaert has long been associated with the College, most recently in her tenure as the Director of Vision Services at the North End Community Health Center. We wish her the best in her new venture.

RESEARCH STAFF

Dr. Chea-su Kee is joining the research staff as a Research Associate and Adjunct Assistant Professor. Dr. Kee will be collaborating with Drs. Debora Nickla and David Troilo, while pursuing his own area of interest in refractive development. Dr. Kee was most recently at the University of Houston College of Optometry, where he completed his Ph.D. and was working in the laboratory of Dr. Earl Smith.

Dr. Falk Schroedl, a research associate in the department of Anatomy at the University of Eriangen-Nuremberg, Germany, is in Boston working with NECO faculty Dr. Debora Nickla and Dr. David Troilo for the next three months. They are collaborating on studies that will examine other possible sources of input to the chicken choroid and the potential role of this system in the regulation of choroidal thickness and ocular elongation.



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Marty Friedman '52 and his grandchildren.



1950's

➤ **Marty Friedman '52**, Short Hills, NJ, went into the business world selling electronics and appliances for distributors in 1957 and now his company, Eastern Marketing Corp, is one of the largest appliance distributors in the country and he is still active in the business at age 75. Marty looks forward to hearing from his classmates.

1960's

➤ **John Getter, '65**, Foxboro, MA, has been retired since 2001. He is now looking for part time work. Please contact the college if you have any openings.

➤ **Charles F. Mullen, '69**, Alexandria, VA, has recently retired as President of Illinois College of Optometry and was awarded the Distinguished Friend Award for his service by the ICO Alumni Council. Dr. Mullen currently serves on the Board of Trustees for the Pennsylvania College of Optometry and on the Board of Directors for New England Eye Institute.

1970's

➤ **Bezael Schendowich '78**, Jerusalem, Israel, was named as a member of the Medical Advisory Board of the National Keratoconus Foundation.

1990's

➤ **Michelle Kim '99**, Carlsbad, CA, and her husband have recently celebrated the birth of their first child, Katherine. Katherine was born on October 12, 2004.

➤ **Lena H. Lee '99**, Miami, FL, and her husband Don, are pleased to announce the birth of their son, Ethan Yu, on May 4, 2004. Lena is currently in private practice, and focuses primarily on specialty contact lens cases.

2000's

➤ **Edgar Aguilar '03**, El Centro, CA, was married to Catherine Auer on May 22, 2004. A number of his classmates were able to attend the ceremony. Edgar has been named the President of the California Optometric Association, Imperial County Chapter.

➤ **Phil Arsenault '03**, Stoughton, MA, and his wife Erin welcomed their first child, Sean Philip, on February 5, 2004.

➤ **Jacob Lang '03** and **Micki Flynn '03**, Minneapolis, MN, were married in October of 2004. Jake currently works at a private practice in Maple Grove, MN and at a refractive/cataract surgery center in Edina, MN. Micki has become an associate at a private practice specializing in pediatrics in Hudson, WI.

➤ **Vandhana Sharda '03**, Boston, MA, is currently an Assistant Professor at The New England College of Optometry.

➤ **Brian Maillard '04**, Cobleskill, NY, purchased a private practice in September of 2004.

➤ **Tom Scholtens, '04**, Killeen, TX, is practicing primary care optometry as a Captain in the U.S. Army at Fort Hood.

➤ **Lia (Clark) Sprague '04**, Fremont, NH, got married last summer and is enjoying her new career working as an associate for a private practice in Plaistow, NH.

➤ **Christopher Symolon '04** and **Anna (Sokolowska) Symolon '04**, Waynesville, MO, both currently work on base at Fort Leonard Wood. Christopher works at General Leonard Wood Army Community Hospital and is currently ranked as a Captain. Anna works at the Post Exchange optometrist office serving the civilian population.

Submissions Needed for Classnotes!

Let your classmates know what you are doing by sending in a submission to class notes. Tell us about professional honors, new or expanded practices, published research, and other news you want to share.

Please send your news to Whitney Ashe via e-mail: ashew@neco.edu, by fax at 617-236-6349 or by mail to the Alumni Office, NECO, 424 Beacon St., Boston, MA 02115.

STATEMENT FROM THE CHAIRMAN OF THE BOARD

In April, 2002, the Board of Trustees approved a resolution to search for expansion space for the College in greater Boston to either replace or augment the Beacon and Boylston Street campuses. In January, 2005, the Board held a special meeting to review progress on the search. Following that meeting, Board Chairman Frank DiMella issued this statement:

"The Board of Trustees, in a special meeting held at the College on Saturday, January 22, 2005, reaffirmed its commitment to students, faculty, staff and the profession to provide the highest levels of professional education, clinical training and research into the foreseeable future.

The purpose of the meeting was to address the College's facilities needs, and, while resolving to solve those needs, the Board confirmed its obligation to continue to support and enhance the clinical education programs, and to support and nurture our research programs. The Board also restated its intention to maintain the location of the College in Boston.

The Board authorized its Executive Committee to engage real estate and financial consultants to assist the College in its evaluation of site and financing options for expanded facilities. A renewed and focused search for expanded space will begin immediately with a targeted deadline for recommendations to the Board of not later than six months from the time of engagement of consultants.

At the conclusion of Saturday's meeting, Chairman DiMella noted that the achievement of the College's goals is a shared responsibility and will require the concerted efforts of the entire College community including the Board, Corporators, College administration, faculty, staff, students and alumni. In particular, he pointed to the exceptional quality of our faculty and staff as indicative of the bright future for the College.

NECO REPLACES NEWENCO

A new, simplified acronym for the New England College of Optometry, has replaced the familiar but tongue-twisting NEWENCO. The new acronym, NECO, was introduced into the website address as part of the new website design last fall.

The old acronym was not only difficult to pronounce, but also created a cumbersome URL email address for the College. NECO, formed from the first letter from each word in the

school name, rhymes with echo and is easier to pronounce. The web address, www.neco.edu looks better and is easier to type.

The College has undergone several names changes over its 110 year history. The new NECO acronym is a minor but logical modification.

NECO LAUNCHES A NEW WEBSITE

Are you interested in learning about the newest developments at the College as well as basic background information on everything from research initiatives to curriculum requirements and alumni news? Check out the College's new website at www.neco.edu.

The new web site has been designed to simplify the admissions process for prospective students as well as provide updated information about the College for alumni, the news media, and others interested in learning more about NECO. Visit our website today and find out what is going on at NECO.

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WEEKEND ACTIVITIES INCLUDE:

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Faculty Brunch

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Annual Alumni Dinner

Events are still being added so check the website for up to the minute details!



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WHEN: Friday, June 24th 6:00 - 8:00 pm

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Please RSVP your attendance to the NECO Alumni Relations office at 617-236-6285 or via email at AOA@neco.edu

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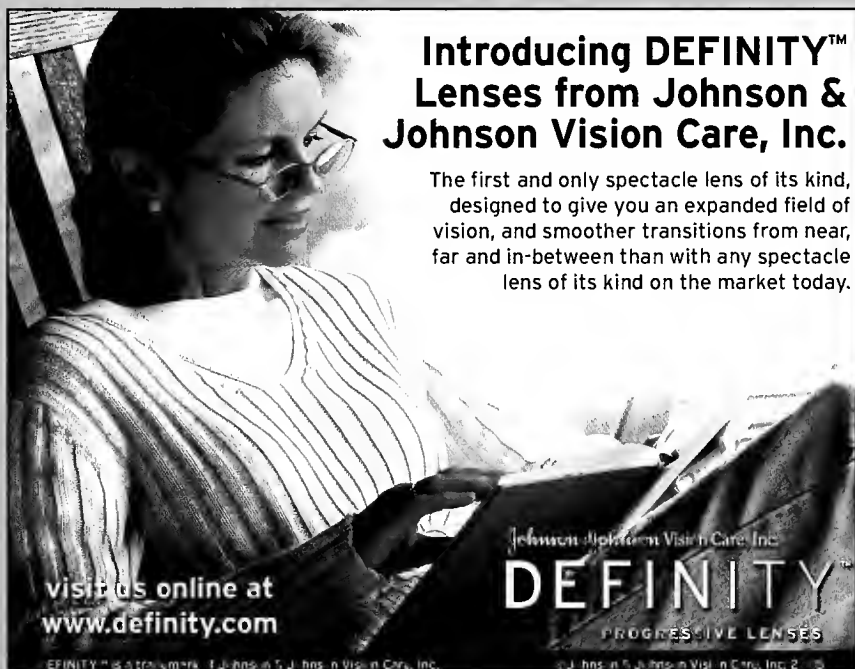
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